



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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December 22, 2015

TO: Each Supervisor
FROM: *Robin Kay Ph.D.*
Robin Kay, Ph.D.
Acting Director

SUBJECT: **STATUS REPORT ON THE IMPLEMENTATION OF THE INTEGRATED
BEHAVIORAL HEALTH INFORMATION SYSTEM**

On October 18, 2011, your Board approved the Integrated Behavioral Health Information System (IBHIS or System) Agreement with Netsmart Technologies, Inc. (Netsmart), to provide a product that will enable the Department of Mental Health (DMH) to meet the federal and State mandates for an Electronic Health Record (EHR) and meet County's Strategic Plan goal to achieve a seamless electronic exchange of selected health and human services data across County providers. In order to provide you with a clear picture of the current state of the project, attached is the status report for the months of July 2015 through September 2015.

If you have any questions or need additional information, please call me at (213) 738-4108, or your staff may contact Robert Greenless, Ph.D., DMH Chief Information Officer, at (213) 251-6481.

RK:MM:AB:RG

Attachment

c: Mental Health Deputies
Chief Executive Office
Executive Office, Board of Supervisors
County Counsel
Contracts Development and Administration Division, DMH

REVIEWED BY:

Richard Sanchez

Richard Sanchez
Chief Information Officer

12/28/15
Date



COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
CHIEF INFORMATION OFFICE BUREAU
PROJECT STATUS REPORT

A. General Information

Project Title: Integrated Behavioral Health Information System (IBHIS)
Prepared by: Adrina Moreno - IBHIS Project Manager Date Prepared: October 13, 2015
Reporting Period: From: July 1, 2015 To: September 30, 2015
Estimated Completion Date: June 30, 2016
Project is: ☐ On Schedule ☐ Ahead of Schedule ☒ Behind Schedule ☐ Completed

If the project is Behind Schedule, explain why, (e.g., changes to scope, constraints outside project team's control, vendor delays, resource constraints, business processes, and major deliverables not completed). Include the impact of the delay and plans for re-alignment.

- See Section B (Current Activity Status) for detailed explanation.

B. Current Activity Status

Provide a high level summary of current activities. Express factual description of current activities in a bulleted list.

- DMH has implemented IBHIS in 124 Directly Operated (DO) programs as of September 30, 2015, with the exception of the new programs and programs located in the Sheriff's Department or Probation Department facilities. DMH employees located at the jails will move to DHS management in January 2016; therefore, they will not be moved onto IBHIS before that transfer. There have been discussions regarding System integration with Probation's hospital information system that could lead to streamlined workflow for Mental Health employees at these sites and improve data quality for client records, but those discussions have been put on hold pending the outcome the ORCHID migration currently in progress. Network and security issues would also need to be addressed.
- The majority of the DO programs have returned to between 85% and 95% of their pre-IBHIS claiming levels. The last DO programs to go-live are still in the learning curve and are not yet claiming at pre-IBHIS levels. Workflow processes continue to be reviewed regularly for streamlining opportunities with clinical and administrative staff.
- Continue implementation and testing activities with Legal Entities (LEs). LEs will not be direct users of the System but will submit their data electronically.
- DMH has revised its next LE roll-out date to December 1, 2015, based on the validation of delivered software automation modifications and optimizations made to support DMH claims volume; reduce operational overhead and eliminate common data errors impacting claims processing.
- Fee-for-Service (FFS) providers will be brought onto IBHIS beginning June 2017 after the successful roll-out of LE providers onto IBHIS.
- DMH, ISD, and Netsmart have implemented probes to monitor network and System performance in order to improve network and System response time and reliability. Wide area network links at larger clinics have been upgraded to accommodate the increase in bandwidth utilization due to IBHIS and other cloud-based solutions.
- Project Director/Project Manager (PD/PM) Meetings focus largely on Change Notice Number 39, which was created to document items to be resolved as predecessors to Final System Acceptance (FSA). These meetings also address System operations issues and the implementation of other Meaningful Use; ICD-10; Personal Health Record; Care Manager; Countywide Master Data Management (CWMDM) and Los Angeles Network for Enhanced Services (LANES).

C. Change Requests

List any Change Control Requests identified during this reporting period.

Change Order No.	Description	Effective Date
DMH 1	Delay of final date for Detailed Work Plan to 2/3/12	1/11/12
DMH 3	Election of the OrderConnect Application Software	6/29/12
DMH 4	Delay of Deliverable 3.1.2 (Provide Dedicated Network) Change of Netsmart Project Director	11/9/12
DMH 5	Acquires Other Professional Services for an Integration Professional	12/21/12
DMH 7	Acquires Other Professional Services to perform an assessment and develop Specifications for Custom Programming Modifications to: <ul style="list-style-type: none"> • Client Web Service • Unique Submitter ID • Second Co-Practitioner • Control Fees 	2/21/13
DMH 8	Acquires Other Professional Services to establish the CBO	3/29/13
DMH 9	Custom Development: <ul style="list-style-type: none"> • Budget Tracking Account Setup • Capture, validate and store EBP codes from inbound 837P and 837I Electronic Data Interchange (EDI) claims for reporting 	4/2/13
DMH 10	Acquires Other Professional Services to provide Custom Programming Modifications for: <ul style="list-style-type: none"> • Client Web Services 	6/28/13
DMH 11	Other Professional Services to develop Specifications for: <ul style="list-style-type: none"> • Filtered Program List for Modeling – CR# 13 • Extended Dictionary Object or Solution – CR# 11 • Filtered Program List for Claiming – CR# 12 	8/15/13
DMH 12	Other Professional Services to develop Specifications for: <ul style="list-style-type: none"> • Automated 835 Processing in Avatar CalPM – CR# 14 NOTE: [Cost of CN No. 12 will be shared between Los Angeles County and San Francisco County]	8/16/13
DMH 13	Other Professional Services to provide Custom Programming Modifications for: <ul style="list-style-type: none"> • 2nd Co-Practitioner – CR# 3 	8/16/13
DMH 14	Election of 40 additional Topaz Digital Signature Pads	8/16/13
DMH 15	Increase dollar amount for Other Professional Services for an: <ul style="list-style-type: none"> • Integration Professional 	8/16/13
DMH 16	Other Professional Services to provide Custom Programming Modifications for: <ul style="list-style-type: none"> • Capture, validate, and store EBP codes from inbound 837P and 837I EDI claims for reporting – CR# 10 	8/16/13
DMH 17	Other Professional Services to provide Custom Programming Modifications for: <ul style="list-style-type: none"> • Control Fees based on Funding Source – CR# 4 	8/16/13
DMH 18	Amend name of Third Party Software vendor for document imaging to: <ul style="list-style-type: none"> • Perceptive Software (formerly known as "Kofax Capture") 	9/27/13
DMH 19	Other Professional Services to provide transitional services: <ul style="list-style-type: none"> • CBO/PSO 	11/20/13
DMH 20	Other Professional Services to provide transitional services: <ul style="list-style-type: none"> • Transfer the Emergency Indicator from an MS 837 to the Service Line Emergency Indicator field in CalPM 	11/20/13
DMH 21	Other Professional Services to provide custom software modifications for: <ul style="list-style-type: none"> • DMH Practitioner Program Filtering • Extended Dictionary Object or Solution • Filtered Program List for Claiming 	11/20/13
DMH 22	Other Professional Services to provide additional transitional services for: <ul style="list-style-type: none"> • CBO/PSO 	12/27/13
DMH 23	Other Professional Services to develop Specifications for: <ul style="list-style-type: none"> • Active and Inactive Date for Adjustment Reason Code – CR# 5 • Correct Service Location Address for Billing – CR# 9 • UMDAP Fee Schedule in Compliance with State Rules – CR# 20 NOTE: [No Cost Change Notice]	2/5/14
DMH 24	Other Professional Services to provide Temporary Staffing to Support IBHIS Roll-Outs	3/3/14
DMH 25	Other Professional Services to provide additional functionality in ProviderConnect	4/17/14

Change Order No.	Description	Effective Date
DMH 26	Other Professional Services to provide Custom Programming Modifications for: <ul style="list-style-type: none"> Balance Forward Processing and Advance Payment Reconciliation Utilizing PLB – CR 21 Validate MHS Procedure Codes in Conjunction with Day Treatment Service Codes – CR 26 Synchronize Update Practitioner and Performing Provider Data – CR 27 User Access Form – CR 28 MSO to CalPM Mapping: Revenue Code, DTX and Residential – CR 29 Automatically Process Void and Replacement Claims from MSO – CR 30 	5/12/14
DMH 27	Other Professional Services to provide Custom Programming Modifications for CN No. 26	7/10/14
DMH 28	Provide Temporary Claims Certification Staffing to Support IBHIS Roll-Outs	7/10/14
DMH 29	Correct Oversight and include CareConnect as part of the Connect Suite	8/25/14
DMH 30	Formatted Output of OTAR for Printing	9/30/14
DMH 31	Formatted Output of Client Care Plan	9/30/14
DMH 32	Avatar Support for TAR Process: Creating a TAR in CalPM	10/8/14
DMH 33	Avatar MSO Support for Professional Services Claims against DMH'S TAR approval	10/8/14
DMH 34	Defer eCAPS Interface, Credentialing Interfaces and implementation of the ConsumerConnect Application Software module	10/8/14
DMH 35	Restrictions for Provider Diagnosis Form in ProviderConnect	10/8/14
DMH 36	Update Hosting Environments	10/8/14
DMH 37	Practitioner Enrollment and Performing Provider Effective Dates	10/8/14
DMH 38	Web Service and Avatar Form Modifications	10/8/14
DMH 39	County's Acceptance of Directly Operated Functionality	12/19/14
DMH 40	"ConsumerConnect" is amended and referred to as "myHealthPointe"	3/23/15
DMH 41	Acquisition of CarePathways-CareGuidance Measures and CareConnect Services	6/3/15
DMH 42	Meaningful Use Configuration of myHealthPointe, CarePathways, CareConnect and Avatar	6/3/15
DMH 43	OrderConnect Formulary Load for Meaningful Use and Additional Licenses for OrderConnect	6/3/15
DMH 44	Implementation of ICD-10	6/10/15
DMH 45	Provide Additional Transitional Services to CBO and/or PSO	6/10/15
DMH 46	Exclusion of Service from Create Interim Billing Batch File, Quick Billing and Close Charges	7/1/15
DMH 47	Add Service Data Entry Date to Create Interim Batch Form	7/7/15
DMH 48	Provider Classification, EOB Fiscal Year and Scheduled Automated EOB Creation	7/31/15
DMH 49	Auto-Process of Denied Services to Contract Providers	7/31/15
DMH 50	Default 837 and 1500 Program Information from Program Maintenance	8/25/15
DMH 51	RAPID RESPONSE CHANGE NOTICE - Avatar Provider Integration Web Service Modifications for ICD 10 Compliance	8/18/15
DMH 52	DMH 837 Error Report Enhancements	9/4/15
DMH 53	Avatar Provider Integration Web Services Modifications for ICD-10	9/4/15

D. Significant Accomplishments for Current Period

Provide a summary of the significant accomplishments and project deliverables during the reporting period. The list should include, primarily, major activities, milestones and key deliverables in a bulleted list.

- To date, 382 claim files representing both DO and LE claims have been created. For DO claims, a total of \$222 million has been billed, \$167 million has been approved, \$13 million has been denied, and \$41 million is pending State adjudication. For LEs, a total of \$47 million has been billed, \$39 million has been approved, \$4 million has been denied, and \$3.7 million is pending adjudication from the State.
- DMH has implemented its IBHIS Electronic Health Record (EHR) in 124 DO programs as of September 30, 2015. The IBHIS implementation includes client registration; appointment, assessment, treatment planning, progress note and service capture; service request tracking; billing and claims processing, collection of client eSignature, scanning, prescription and lab orders. To date, 3,800 DMH employees have been trained on IBHIS.
- DMH has implemented software known as Job Access with Speech (JAWS) for visually impaired employees as part of DMH Americans with Disabilities Act (ADA) compliance. The solution is in Production Use with two users.

- A project funded by Substance Abuse and Mental Health Services Administration (SAMHSA) allows for the co-location of a community clinic employees from Tarzana Treatment Center (TTC) at the San Fernando Mental Health Center (SFMHC) operated by the DMH. SFMHC currently serves over 3,000 Seriously Mentally Ill (SMI) clients annually. These clients will benefit considerably from DMH and TTC integrated behavioral health and primary care services. The large pool of SMI patients served at SFMHC makes it an ideal proof of concept for this approach. The clinical goals of this co-located program include increased coordination between medical treatment providers, decreased medical errors due to lack of information shared between providers, and increased accessibility to appropriate care for clients. To this end, a Proof of Concept (POC) between DMH's IBHIS and TTC's EHR has been successfully implemented.
- Kicked-Off formal implementation planning for the CWMDM (formerly known as Enterprise Master Patient Index (EMPI)) with County CIO, ISD, and vendor.

E. Planned Activities for Next Period

Provide a summary of the planned major activities, milestones and project deliverables to be accomplished during the next reporting period. Express your descriptions in a bulleted list

- Complete the validation of delivered software automation modifications and optimizations made to support DMH claims volume; reduce operational overhead and eliminate common data errors impacting claims processing.
- Continue implementation and testing activities with LEs in preparation to resume roll-outs. LEs will not be direct users of the System but will submit their data electronically.
- Continue communication and roll-out planning activities with Fee-for-Service (FFS) providers.
- Conduct PD/PM Meetings largely focused on Change Notice Number 39, to resolve issues that are predecessors to FSA. Review submitted change requests in accordance with IBHIS Change Control Plan. Monitor and manage software modification change submissions and approvals. Address System operations and IBHIS project activities for Meaningful Use; ICD-10; Personal Health Record Care; Manager; CWMDM and LANES implementations.
- Continue ongoing DO end-user training, site preparation and user readiness activities for new programs and training and support for clinical and administrative of DO programs still in the learning curve and not yet claiming at pre-IBHIS levels.
- Monitor System performance and reliability and improve network and System response time and reliability where needed.
- Begin LANES implementation planning upon the Mirth Corporation (Mirth) agreement execution.
- Begin implementation activities for the CWMDM.
- Evaluate role of Care Manager in the Health Neighborhood setting.

F. Critical Issues

List any Critical or High Priority Issues impacting the project. Issues are events that currently cause a problem moving forward and have an impact to the project schedule, resources or quality of the end deliverable.

- Claiming and Cash Flow Delay – The roll-out of any system, IBHIS included, involves some lost productivity, including delays in DO claims submission/revenue collection after go-live. The last DO programs to go-live remain in the learning curve and have not yet recovered productivity at pre-IBHIS claiming levels. However, a majority of the programs have recovered productivity at a level between 85 and 90 percent of the pre-IBHIS claiming levels. Cash flow continues to be closely monitored and estimates for FY 2015-16 are being regularly produced for the Auditor-Controller.
- Delay in the Development of the Central Business Office (CBO) – The Board approved the development of the CBO and requested positions for CBO on March 11, 2014, to support the roll-out of IBHIS and new business requirements mandated under the Affordable Care Act (ACA). The CBO continues to work on a desk study of its positions which will guide the reorganization of staffing for eventual submission and consideration by the CEO. At this time, the CBO has begun reducing the use of Netsmart resources to effect a total elimination of Netsmart resources in CBO by January 2016.
- Time Constraint in Completing Overlapping IBHIS Implementation and Support Tasks with Existing Resources – Resources required to train and support DOs and LEs preparing to go-live must also support sites already live on IBHIS by reinforcing work flow; assisting with end user training and overseeing error correction processes to improve claims processing results. Staff also support new program roll-outs and daily support and maintenance responsibilities.

G. Risk Update

Include any critical or high risk updates. Risks are events that might cause problems, at a future date, with the project schedule, resources or quality of the end deliverable.

Explanation of Categories:

- Probability (High): Most certainly or very likely to occur.
- Impact (High): Significant impact to project scope, cost or schedule which is likely to threaten and undermine project completion.
- Timeframe (Short): A three month or less estimation as to how long the risk will be relevant.
- Response (Mitigate, Watch, and Accept): Resolve through mitigation, watch to monitor development, or accept and develop a contingency plan. Change Requests continue to move through the development life cycle and DMH continues to monitor Contract Provider progression in EDI transition.

ID	Risk (Describe the risk in simple terms, provide details)	Probability (High)	Impact (High)	Timeframe (Short)	Response (Mitigate, Watch, Accept)
54	<p>Title - The various types of Managed Care providers (e.g., FFS1 Hospital; FFS2 Provider, Day Treatment) have remained largely untested in IBHIS.</p> <p>Description - The various types of Managed Care providers (e.g., FFS1 Hospital; FFS2 Provider, Day Treatment) have remained largely untested in the Production Use of IBHIS. This group is also generally less technically savvy than the LEs and requires more "hand-holding" to function even under a system they know. A new implementation involving a more complex system will be a challenge for all concerned.</p> <p>Status - A great deal of work has gone into lowering the risk, by testing software; developing training material to support DMH support staff; preparing providers, and by establishing criteria to select providers to begin initial use of the IBHIS' ProviderConnect module. Production Use will be closely monitored by both DMH and Netsmart, the software assessed and validated, and, where necessary, adjusted. Based on experience with the initial Managed Care providers brought onto IBHIS, a roll-out schedule will be established.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Accept Risk